



## York County Route 17 Revitalization Property Improvement Grant Program Application

Business Name: \_\_\_\_\_

Business address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Contractor (if applicable)**

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Design Professional (if applicable )**

Design Professional Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Project Cost**

Estimated Cost of Improvements: \_\_\_\_\_

Amount of Grant Funds Requested: \_\_\_\_\_

Expected time required to complete project (days) \_\_\_\_\_

***Please attach to this application:***

- **Written summary of the proposed work;**
- **Photographs clearly showing existing conditions to be improved upon;**
- **Design plan for applicable improvement(s);**
- **Exact samples of any paint or colors to be used**
- **Two (2) individual quotes for each project**
- **Owner consent form (required if you are a tenant)**

**York County Route 17 Property Improvement Grant Program**  
**Owner's Consent Form**  
**(To be completed if applicant is tenant)**

I, \_\_\_\_\_, certify that I own the property  
located at \_\_\_\_\_ in York County, Virginia,  
and that I have reviewed the application for the York County Route 17 Property  
Improvement Grant Program submitted by \_\_\_\_\_  
and that I fully support this application. I further certify that this person or business holds  
a valid lease of \_\_\_\_\_ years with an expiration date of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone